

<b>CLAIMS ONLY</b>							Application Number <b>10/699,490</b>		Filing Date		
<b>12-28-04</b>							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			1				51				
2				1			52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10			1				60				
11				1			61				
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39							89				
40							90 -				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			2				Total Indep				
Total Depend			16				Total Depend				
Total Claims			18				Total Claims				